

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038101

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9925

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

11 OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST LOUIS

Length of stay in 1b
3 WEEKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LUKES HOSP

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY ST. LOUIS

c. CITY OR TOWN WEBSTER GROVES

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
601 CANNONBURY DR

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First MILDRED Middle DEAN Last TINKER

4. DATE OF DEATH
Month OCTOBER Day 4 Year 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-16-01

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY

BOARD OF EDUCATION

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

EDWARD DEAN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

WM. D. TINKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

W. D. TINKER 601 CANNONBURY DR (19)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

331 x H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of stomach

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 10/4/63 and last saw her alive on 10/4/63
Death occurred at 6 57 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

957 N Kingshighway

10/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

10-7-63

23c. NAME OF CEMETERY OR CREMATORY

VALHALLA CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS, CO. MO.

24. FUNERAL DIRECTOR

ADDRESS

MITTELBERG-GERBER WEBER, 19 M

25. DATE RECD. BY LOCAL REG.

OCT 7 1963

26. REGISTRAR'S SIGNATURE

Good Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed VE Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.